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| Request for Continued Examination (RCE) Transmittal Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | Application Number | 09/677,558-Conf. #1618 | | |
| | Filing Date | September 29, 2000 | | |
| | First Named Inventor | Gi-Young JEUN et al. | | |
| | Art Unit | 2814 | | |
| | Examiner Name | D. P. NGUYEN | | |
| | Attorney Docket Number | 29347/990488 | | |
| This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June | | | | |

8, 1995, or to any design application. Submission required under 37 CFR 1.114 | Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s). Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked. Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____ i. ii. Other b. X Enclosed X Amendment/Reply Information Disclosure Statement (IDS) Affidavit(s)/Declaration(s) Other Miscellaneous Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required) The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed. 3. Fees The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments to Deposit Account No. 13-2855 . I have enclosed a duplicate copy of this sheet. X RCE fee required under 37 CFR 1.17(e) X Extension of time fee (37 CFR 1.136 and 1.17) ii. Other iii. Check in the amount of \$ enclosed Payment by credit card WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED May 27, 2008 Signature Name (Print/Type) Aaron M. Peters Registration No. 48.801

| I hereby certify that this pape system in accordance with § | | per referred to as being attached or enclosed) is being transmitted via the Office electronic filing |
|---|------------|--|
| Dated: May 27, 2008 | Signature: | (Aaron M. Peters) |